

CALIFORNIA MEDICAL JOURNAL

A Monthly Devoted to the Advancement of

MEDICINE, SURGERY AND THE COLLATERAL SCIENCES

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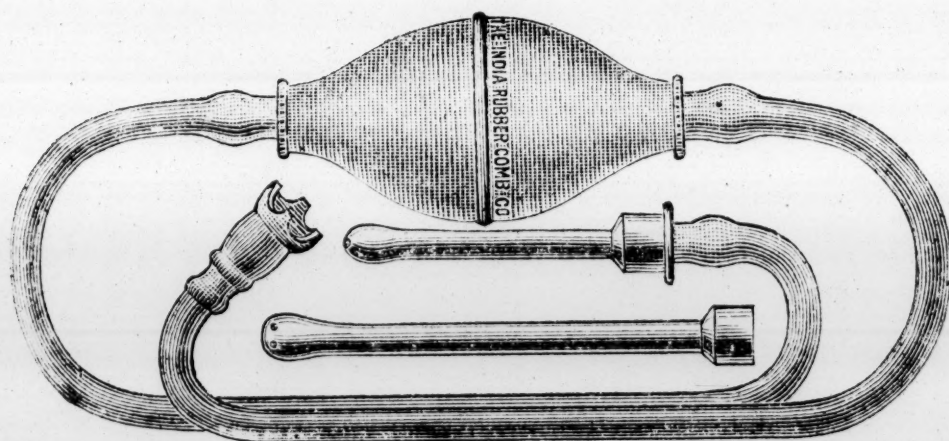
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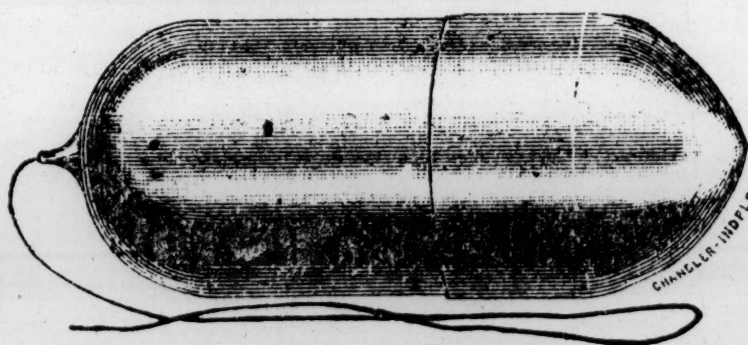
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THE ❖CALIFORNIA❖MEDICAL❖JOURNAL❖

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Original Communications.

Calopractic Surgery—No. 2.

(Gr. *kalos*, beautiful, and *prassein*, to make.)

Lectures by PROF. GERE, California Medical College, Intermediate Course, '94.

While obesity is common among the English and German residents, the native born American is more likely to present the opposite condition, that of leanness. While this is not always a disease nor even the result of disease, yet it is an unhandsome and, as a consequence, an unpleasant and annoying condition, whose effect is not limited to the person himself, but may be the cause of discomfort and hence unhappiness to his friends. (It is a duty owing to society that everyone should be not only useful but agreeable to the community.) It is true also, that one who is unnaturally thin is incapable of utilizing to the best possible degree those physical, and perhaps mental, attributes intended for the well being of the human race. It is not my purpose to speak here of the condition of wasting or emaciation known as general atrophy or marasmus, the result of a grave disease either acute or chronic; occurring in infants as a consequence of improper food or gastric or intestinal catarrh, and in adults in connection with some grave organic affection, usually of a malignant type. Consideration of this condition properly belongs with that of the disease producing it. But we will notice that more common degree of

leanness, not actually dangerous to life, associated with neglect of the laws of health, or some hereditary or acquired defect. Many of these cases are due to the conditions of American life, business and climate—so much so that the typical American, as depicted by Europeans and in American caricatures is a long, lean, dyspeptic neurasthenic. As I have indicated, this is due, sometimes to an insufficient appropriation of food, often to an insufficient supply of fluid, to balance the evaporation produced by our dry climate, and to the excessive tissue waste brought about by our great nervous activity in the rush and worry of business life. This condition is amenable to judicious treatment, the principles of which are, to secure a greater amount of rest and sleep, to habitually consume a greater amount of fluid (preferably water either hot or cold), to improve digestion and hence the power to appropriate nutritive material and to stimulate a uniform process of waste and repair so that the system shall become equally strong and well nourished in all its parts. Many of these valuable indications are fulfilled by sensible physical exercise taken regularly and, in special cases, aimed particularly at the weak spots in the organism. Proper exercise will make one eat heartily, digest his food and sleep long and well. If sufferers from insomnia could take a rest and perhaps a little sleep after a hearty dinner, then later in the day enough muscular exercise to make sure of being thoroughly tired when bed time comes, they would be likely to sleep better than usual and gain flesh in a surprising degree. A painfully thin friend of mine who ate little, slept little, worried and took no exercise, started out in midwinter with a gun and team; walked most of the day partly to keep warm and partly to shoot game; slept soundly on the ground or the soft side of a board at night, ate quantities of coarse food and digested it so thoroughly that there was scarcely any faecal residue, read no newspapers and saw but few human faces; gained over a pound a

day in weight during his trip, at the end of which he was fat and contented.

At the same time to secure the best results, the food should contain a generous supply of the fat and flesh making varieties, we should insist that it be deliberately and thoroughly masticated, that a period of quiet ensue after meals, that causes of fret and worry be abolished or at least that the ability to bear them philosophically be cultivated. No restraint of clothing or position on the free action of the abdominal organs should be permitted, and full deep abdominal breathing should be cultivated as this quickens and invigorates the circulation of the blood and gives gentle healthful exercise to the abdominal viscera. Thin people seldom drink much water or watery fluid as milk, beer, etc., and, if sufficient exercise be not taken to cause thirst, they should drink in absence of thirst, till the habit be acquired. One half to one pint of fluid should be taken slowly one hour before, or two hours after, meals. Such people also frequently have an aversion to fatty foods and if not disliking sweets yet are likely to refrain from these on account of their liability to cause acid fermentation and dyspepsia. This difficulty can be overcome by the ingestion of, at first, very small quantities mixed with the usual food (never between meals) until tolerance and even pleasure in their use is attained. With meals may also be administered cod liver oil or the various emulsions, malt extracts or combinations of the agents named. Fatty inunctions as of lanolin, fresh lard, goose grease or pure olive oil are of value, particularly if used after a warm bath when the pores are well opened. Turkish baths with accompanying massage or baths with gentle Faradism stimulate the trophic processes and should be utilized whenever possible. By these means a friend of mine gained twenty pounds in one year and has since retained that amount of increase without special effort. While it is better to form correct habits when growing up,

still the middle aged are capable of wonderful improvement by judicious care.

Another thing which may be influenced by care, regardless of the popular belief to the contrary, is the stature. As this is greatly dependent on the growth and development of the bones we must bring influence to bear on the latter, generally in the line of stimulation, as a good sized man presents the best appearance and no civilized race wishes to dwarf its offspring. Unfortunately the last mentioned result often occurs through ignorance or necessity; idleness, the use of finely bolted flour and soft water as well as excessive expenditure of material in hard labor and privation may all prove factors in retarding bony development. We may effect this purposely by restricting the amount of phosphates and lime carbonate in the food and drink. On the other hand, to increase the growth of bones and consequently the stature of the individual, give plenty of food and drink rich in the organic phosphates and carbonates as the outer covering of fruits, cereals etc. (bran bread,) hard water—the limestone regions as of eastern Kentucky and Tennessee are famous for their fine men, women and horses—fresh air and pleasant vigorous exercise. An inherited tendency often exists and when opportunity offers this may be modified by crossing or judicious selection of parents. It may be desirable to accelerate the growth of special bones for the prevention or rectification of deformities arising from inequalities in length of certain pairs of bones as the forearm or leg. Increasing the local blood supply will increase the nutrition and hence formation of bone; we may do this by irritating the diaphysis, as follows; insert an iron or nicked spike, let it remain for a week or ten days, then apply an elastic band moderately tight higher up to increase, by partial stasis, the amount of blood. Should it be necessary to retard the growth of a bone, it can be done by injury or destruction of the cartilage (*intermediary cartilage*) between the shaft of the bone and the epiphysis. This

proceeding however, is not free from danger and is seldom advised. Angles or curvatures may be remedied by pressure, while the bone is soft, applied by means of a splint or brace by which pressure is brought to bear on the convexity and counter pressure above and below with the aid of straps and buckles (blackboard illustrations given). When the bone is hard it must be partially divided and partially fractured by force to straighten it. Should the bone be short, compared with the corresponding bone, make an incision on the concave surface or over the retreating angle, retract the soft parts and drive in a chisel at right angles until the bone can be forcibly straightened. When this is done the cut of the chisel will be opened into a wedge-shaped cavity which, filling with reparative material; leaves the bone longer than before. If the crooked bone is longer than its mate the incision is made on the convex surface or over the salient angle from which a wedge-shaped piece is chiseled or sawn, the size of the wedge should be so calculated that when the bone is straightened the opposing surfaces of the cavity will come accurately together when adhesion quickly occurs with reduction in the length of the bone (illustrations given). Of course strict antisepsis is practiced and immovable dressings utilized. We may operate under general anæsthesia or by Corning's method of injecting weak cocaine solution (1 or 2 per cent) into the soft parts and around the bone, the circulation being restrained by an elastic bandage.

Special malformations will be treated of under their appropriate heads but many defects in shape are due to faulty carriage or habitual carelessness. Inculcate instructions to your patrons to maintain an erect posture whether standing, sitting or walking, that they keep their legs straight, their back straight, their chest thrown forward, their *chin close to their neck*, that they wear broad low heeled shoes and *no corsets*.

Sexual Mutilation of Women.

By D. MACLEAN, M. D., San Francisco.

Read before the San Francisco County Eclectic Medical Society.

In the last two decades great advancement has been made in the treatment of diseases peculiar to women; this is especially true in the department of surgery. New operations have been devised and skill acquired in the performance of old ones which has rendered operations at one time not only considered dangerous, but in a great majority of cases fatal, to be performed now with comparative safety.

The genius of the surgeon is to be commended, but in his demonstrations of dexterity and skill in what can be accomplished with the knife, and in his push into newer fields the voice of the therapist has been stilled, his knowledge overshadowed, and *his* discoveries forsaken and neglected. The brilliant and masterly operation of the surgeon has been kept so prominently and constantly before us that our minds have become impressed that every woman who enters an office needs an operation. Not only is the physician impressed in this way, but the laity is impressed with the same idea.

Pelvic operations on women has become a fad. It is fashionable, and the woman who cannot show an abdominal line is looked upon as not in the style, nor belonging to the correct set. It is a mark of favor and considered as pretty as the dimple on the cheek of sweet sixteen.

Now I am not decrying abdominal surgical operations in general; I am not crying out against the use of the knife, but its indiscriminate use or—abuse. Cancers, cysts, certain classes of fibroid growths, certain diseases of the ovaries and tubes, where abscesses exist or growths prevail cannot be treated with success in any other manner. My protest is chiefly against the removal of the ovaries, the sexual mutilation of woman for the alleviation and cure of pains and

unpleasant sensations which she may have in these organs without showing a history or symptoms unmistakably pointing to organic disease. I admit that many cases yield slowly to treatment, and that the temptation to removal is great. There is not one among us but has been puzzled and discouraged by these cases. There is not one among us on the other hand who has not seen cases entirely recover without operation after oophorectomy had been advised. From that fact I plead for patience and conservatism. I plead for careful diagnosis and diligent therapeutic measures before resorting to the knife.

I could give you numerous instances of recovery without surgical interference, where an operation had been advised, but will cite you only two as examples:

Over a year ago I had a patient for three months under my care for endometritis and a tender, painful left ovary. She made considerable improvement, but I doubted a permanent cure and advised the removal of the offending organ. She went to her home in the country to arrange some matters fully determined to return and have the operation performed if her pain returned in its former severity. At home she gradually improved, her pains left her, the unpleasant sensations vanished, and for the past six months has had no trouble. While I recognized the patient as a neurasthenic, the persistent pain and tenderness led me to believe that the organ must be diseased. The sequel showed that it was purely a disease of the nerves and not of the ovary, only as it was indirectly affected.

The other case came under my observation about two months ago. It was one that had been examined by several gynecologists and had been advised to have the ovary removed as the only way in which relief could be obtained. She was for a month under preparatory treatment and the operation was to be performed in a few days. In making a careful examination I could find no organic lesion, nor a history leading to such condition. I advised her to wait. It appeared to me to be a case of congestion. The old "irri-

tating plaster" was applied, appropriate treatment given, improvement followed and the sanguine operator has one less case to record.

I call attention to these two classes of cases which very much simulate organic disease. They are at times persistent and stubborn in yielding to therapeutic measures, but on such cases it would be an outrage to use the knife.

The point above all that I wish to emphasize is the nerve origin of many of the female difficulties. We are liable to be misled by what we see. If we find a woman nervous, suffering from stomach trouble, with erosion of the uterus and pain in the region of the ovaries, we are likely to attribute her nervous and stomach condition to her uterine or ovarian lesion. The reverse is frequently the case and her condition may be purely neurasthenic. She does not need the knife, nor would she be benefited by its use; rather should she have general tonic treatment, fresh air, exercise, massage, electricity, faith and confidence in her physician and hope instilled in her mind of a permanent recovery in due time.

Hypnotism.

By Dr. J. BALL, San Francisco.

The term hypnotism has recently been applied to a series of phenomena which occur under certain peculiar conditions. These phenomena have been observed in all ages and amongst all classes of people, but until recent years their nature and significance have not been understood. Even at the present day, and among the medical profession, who are the natural conservators of this subject, it is not fully appreciated.

In past years, hypnotism has been practiced under various names, such as Mesmerism, Braidism, Animal magnetism, etc.

It is the power by which the "laying on" of hands restored the sick and by which the miracle workers of all ages

have astonished the ignorant and superstitious. It has worked the seemingly wonderful cures which have led so many intelligent people to believe in the so-called "faith cure", while hypnotism and massage are the stock-in-trade of the "magnetic healer". But, partly from a peculiarity of the *genus homo* to magnify the importance of his own attainments, and partly from the fact mankind in general have no fixed ideas or scientific knowledge of mental or psychical subjects, and partly from the further fact that most people like to be mystified or humbugged, hypnotism, under whatever name it has heretofore been known, has been so distorted, first in one way and then in another, as to render its real characteristics almost undiscernible.

But there is now no good reason why this valuable therapeutical agent should not be employed in all suitable cases. The scope of its influence is much wider than would appear from a superficial view of the subject. For all the functions of the economy that can be influenced by mental processes can be more or less favorably influenced through hypnotic suggestion. The mind, and its *modus operandi* of inaugurating nervous impressions, we are not concerned in discussing here, but there can be no doubting the fact that it influences, indirectly, the processes which are controlled through any part of the nervous system. This being the case it is easy to see how it is *possible* for the hypnotist to reach the seat of any ailment which is in any way under the influence of the nervous system. Of course he will not always succeed in doing what may be theoretically *possible* because there are many practical difficulties in the way.

If there is one process or function more essential to life than another it is the process of nutrition. For without nutrition neither animal nor vegetable life can exist. But how is this process carried on?

All living bodies are made up of cells and intercellular substances. A cell is a self-organized mass of *living matter* or *protoplasm*, differentiated, as to shape, size and function,

by its environment in much the same way as man is. Indeed the same laws govern a cell, a microbe and a man, and in the eyes of nature they are of like importance. Now while some nerve fibrillæ are distributed to some cells (a muscle-fiber for instance, which is simply a cell with a special shape and function) it is manifestly impossible for the nervous system to be in direct communication with every cell in the body, and as every cell is a living entity and must perforce receive and assimilate nutriment, it seems morally certain that the nervous system is not the prime factor in the process of nutrition.

Cells imbibe what they need for their own purposes from the surrounding pabulum and reject what they do not require, and it is probable that all the cells of the body feed themselves in a similar manner and thus nourish and develop all the tissues of which the body is composed. But just as men, who are free agents and who attend to their own wants and requirements as best they can, are subject to the laws and customs of the community in which they live, so are the cells of the body subject to the influences which their special functions surround them with, and the requirements of which in each case must be complied with or anarchy and death will be the ultimate result.

The ends subserved by the executive and administrative departments in national affairs, are much more efficiently performed by the brain and nervous system in the animal economy. The blood is the nutrient fluid from which all the cells in the body imbibe their sustenance. It must, therefore, be distributed to every part of the body. This distribution is under the control of the nervous system. The special senses of smell, sight, taste and hearing, and the general sense of feeling depend upon the integrity of the nervous system for their functional activity. Not a finger could be raised, nor an eye winked, nor a morsel of food swallowed without the assistance of the nervous system. So much of the elements of physiology was thought necessary

to enable the reader to intelligently distinguish between the probable and improbable results to be accomplished by hypnotic suggestion in the cure of diseases.

Hypnotism will not supply nourishment to the body, although it may so influence a part as to enable it to better appropriate from the blood current such nourishment as it requires, but the nutrient materials must be furnished by the food through the natural channels. The well known actions of drugs are all-sufficient in many ailments, and where this is the case their use is to be preferred as taking up less of the time of both patient and physician, and, as a consequence of this, being less expensive. But after making the best possible use of his knowledge of drug-action the physician will find a wide field still open for the employment of hypnotism when he knows how to use effectively the power it is ever ready to place at his command.

We are a long way yet from understanding the complete workings of the nervous system, and some of the results accomplished through its agency are very remarkable, to say the least. How does the smell of a favorite dish affect the secretion of saliva or, in every-day language, make the "mouth water"? Or, through what organs of the mind does a nauseating smell cause a susceptible person to vomit? To say that these acts are reflex is simply begging the question. A purely reflex act will be even more pronounced in a person when asleep than when conscious. Neither of the causes just cited will produce its corresponding effect unless the person be in a normal state of consciousness.

Again, by what agency does a shocking sight render some persons suddenly unconscious? A satisfactory answer to this question would solve one of the problems of hypnotism, for it is through the eye in the first place that the hypnotist gains his influence over his subject. It seems certain to me that these impressions, whether of smell, sight or hearing are mental, if effective; *i e.*, made upon the mind. For instance, a *physical* impression made upon the retina (by open-

ing the eyelid), or upon the organ of hearing while a person is asleep conveys no *mental* impression upon the sleeper, and why? Surely not because the nervous currents are cut off or interrupted in their course, but rather, because the mind, the Ego, has for the time being severed its connection with the brain.

The hypnotist, therefore, works through the mind of his subject and any part of the body or any ailment that cannot be reached, either directly or indirectly, by the mind of the patient cannot be influenced by the hypnotizer. Of course it is not necessary that the person hypnotized should understand how his mind can influence the parts affected, or indeed, that he has a mind or nervous system either, for that matter. But there is one thing essential for success, and that is the passive submission of the subject to the operator and his strict obedience to the operator's initial commands. It can be set down as a rule to which there are few exceptions, that no person can be hypnotized against his will.

The dramatic methods adopted by public operators are principally for the purpose of impressing the audience. The method pursued by Mesmer was mainly for the purpose of awing and mystifying his patients and partly because he imperfectly understood the nature of the force with which he was experimenting. But it is beneath the dignity and standard of honor of the medical profession to resort to tricks and paraphernalia for the avowed purpose of perplexing or deceiving the public.

Good results have been attained in France at public seances but it is doubtful if this method would be successful here. Anyhow, only the best and most experienced operators can hope to succeed in this way. But any ordinarily successful physician will obtain excellent results with a little practice and experience, among his private patients, and what is still better for his purpose, many of the cases best influenced by hypnotism are those on which medicines seem to have the least effect.

The willingness of the patient is absolutely essential. Hold up two of your fingers, or if you prefer it, a small pocket mirror $1\frac{1}{2}$ or 2 inches in diameter, about 18 inches from, and a little above the level of the eyes and tell the patient to look fixedly at the fingers or mirror. In from one to three minutes the eyes will begin to feel heavy or tired when you gently close the lids and tell the patient he cannot open them. Your manner and conduct towards the patient must be such as to induce confidence in what you say, or in other words, you must impress your subject with the belief that he cannot open his eyes, and if you succeed in doing this he will not be able to open them.

You may not succeed at the first trial, but this is no criterion that you will not be ultimately successful. Some of the operators in France have succeeded after twenty to thirty failures, but as a rule if you do not succeed with the third or fourth trial you may conclude that the subject is not a suitable one.

When you have succeeded in thus preventing the patient from opening his eyes you may proceed either to ascertain the stage of hypnotic influence to which the patient is susceptible, or to remove the trouble for which the hypnotic state was induced. For instance, if the patient was suffering from headache with determination of blood to the head, you will place your hand on his head or draw your hand across his forehead and say "your head feels quite cool and your headache is entirely gone" or use words to that effect, and your patient will be cured. Or if the trouble be in the region of the stomach, you place your hand on the patient's stomach saying "you feel quite warm here" and the patient, if conscious, will reply that he does.

Now the remarkable part of the above phenomena is not that you make the patient believe what you say, but that the physical phenomena which you command do really occur. It has been proved again and again, for instance, that by touching the region of the stomach just sufficiently to fix the

patient's attention on the part (not by slapping or rubbing it) that the glow of an increased blood supply, similar to that of blushing, was soon observable, proving that the feeling of warmth was real and not imaginary. But it is not my purpose here to offer proofs in support of hypnotism as they are abundantly within your own reach, but merely to call your attention to its latent possibilities with the hope of its being more generally practiced amongst the medical profession.

As to the degree of susceptibility of different subjects there is no way of telling except by actual experiment. The majority are influenced only in the first degree and appear to be in a normal state in every respect except that they are entirely dominated by the spoken commands of the operator. The same subject may be more profoundly influenced at one time than at another. Some subjects can be made to carry out, unknown to themselves, suggestions conveyed to them while in the hypnotic state, *i. e.*, they are told, while unconscious, to do certain things when in their normal condition, which they proceed to do in the manner and at the time suggested without becoming aware of the fact that they are obeying another's will and not their own. A small percentage of hypnotized subjects can be made to enter the cataleptic state, but this is not desirable except in very rare instances.

The National Allopathic Meeting in San Francisco.

BY H. T. WEBSTER, M. D. Oakland, Cal.

The "American Medical Association" has come and gone, with its usual flourish of trumpets and newspaper publicity. This year it convened in San Francisco; and now, that it is past, we may moralize upon the record it has made, and inquire whether its lessons have been such as will be profitable for us to heed.

The Eastern visitors were entertained royally by Califor-

nian physicians. Banquets and receptions of the most unexceptional character were tendered; and, in this respect, Californians are hardly excelled, the world over. The immense wealth of many of the old school physicians of San Francisco rendered this an easy matter, and the importance of the occasion demanded that no pains should be spared. In this respect the feeble efforts of the Eclectic fraternity had the National visited us this year, would have been eclipsed into complete insignificance. Not that the will would not have been good, but old school physicians grew wealthy and strong long before such a thing as Eclecticism was known in these quarters. Eclecticism is doing its part well, and its individual members are no small pumpkins, but they are not yet fixed to entertain, royally, a large body of visiting physicians—not as they might wish it heralded in the public prints. About one at a time is the proper caper with us, I am thinking.

However, the principle object of the Association—the impressing of the public with the immense importance of its individual members, of their great ability as authors and scholars, was hardly achieved, if such extracts as the following suggest the impression made upon the ordinary observer. I quote from the San Francisco *Examiner*, of June 7:

“There is one thing, however, in which the doctors are painfully deficient. They don’t know how to read—that is, to read aloud on a platform. They may act and look with magnificent wisdom at bedsides; they may move with quick decision and splendid results in cases of emergency; they may save life and allay pain—but not by their gifts of tongues. For, in the reading of papers, nearly all were slow and stumbling. They did not seem to be familiar with their manuscripts, and with the awful words which filled them with alarm for the layman, and despair for the stenographer. Consequently there were frequent movings of those who feared to nod, even in the midst of most interesting discourses.” Evidently there were some sleepy times for listeners.

The liberal portion of the Association had come with the

resolve to attempt to mend the code, so that the institution might appear a little more modern among American Societies, but they were evidently strangers to the antediluvian tendencies of the allopathic profession of the Pacific Coast. They had come into an uncongenial climate for any such innovation. Though the old codist has been knocked out and derided by the profession of the Eastern metropolis, he will probably always be warmly welcomed by the allopathists of the Pacific metropolis, at least during the present geological age. The effort to amend the code, making it more humane and less barbarous, failed most signally.

I have perused the proceedings carefully, as reported in the public prints, in order to learn of any advance in therapeutics, but find a great dearth of ideas in this direction. It seems that their prompters in the direction of therapeutic progress are principally manufacturing chemists, and usually those who dabble with old Eclectic remedies. True, once in a while some humble and obscure practitioner hits upon a good thing, and occasionally a Bartholow or a Shoemaker makes a surreptitious study of the Eclectic materia medica, but such a thing as therapeutic progress is foreign to the pretensions or intentions of so important a body as the American Medical Association.

Their surgical and gynæcological sections were well attended, much interest being manifested, but even here they are distanced, in modern times, by Homœopathic and Eclectic surgeons. Their ideas are conservative, and they worship the authority of European savants, with few opinions of their own.

Plummer, the irrepressible Plummer, our own Plummer, was there.

“Dr. R. H. Plummer of San Francisco, Chairman of the Committee on Arrangements, made his report all right enough, in a loud, clear but somewhat sepulchral tone. He said that 600 delegates and members and 400 ladies were in attendance, complimented the Southern Pacific for its court-

esies, and offered a lot of information regarding special excursions, meetings and banquets."

The following extracts from an address on "Surgical Sins," by Dr. John R. Roberts, of Philadelphia, is probably as relevant as anything uttered during the convention; and, as I would like to be found in harmony with at least one sentiment of the convention, I append his remarks. Not that they may be all taken as the best expression of judgment, but because they are opposed to a popular tendency among the profession to run to surgery in an extreme degree. Eclectics, especially, need a little cautioning. Time was when Eclectics were very much deficient in surgical talent. Not so now. We possess as skillful operators and as bold and reckless ones as the world affords. This is enough glory in this particular direction. Eclecticism never became renowned, as a school of medicine, through its anatomists and surgeons, but through its therapeutics. Here its best field lies, and here is the opportunity to win future laurels. The knife is being used too recklessly in many instances. Dr. Roberts said:

"A very 'significant' feature of the surgical literature of recent months has been the reaction against an over-hasty adoption of operative methods of treatment. The general conviction of the relative certainty with which operative attack could be freed of septic sequellæ quickly bred a crop of surgeons, whose surgical training scarcely kept pace with their operative zeal and the force of whose dogmatic assertions were often equaled by their rapidity in publishing extensive tables of cases.

Many of us have been appalled at the temerity and astonished at the pathology of these operating members of the profession. An omen of true progress can be seen in the tendency of even these to restrict the use of the knife and to reflect that the true surgeon should have accurate pathological knowledge and good surgical judgment as well as operative dexterity. It seems to me that a revival of surgery is upon us—a going back to the study of etiology, symptomatology, diagnosis and treatment—destined to restrain unseemly haste in adopting the scalpel as a panacea.

It is usually a lack of broad education which impels so many to state that an important operation is absolutely safe and then calmly report a list of such cases containing several fatal operations. The surgeon who opens an abdomen seven successive times is almost as certainly lacking in judicious and accurate study of symptoms as the woman who permits it is ignorant of surgery. I am impelled to believe that the establishment and personal control of private hospitals by surgeons is a distinct evil. Such institutions seem to warp the judgement and to make the surgeons income obscure a little a correct view of the patient's good. Practically it seems somewhat difficult for a doctor to keep a hotel for patients without having his professional characteristics a little blunted by a hotel man's desire for many and long-staying guests.

Infantile Gastro-Intestinal Dyspepsia.

BY J. C. ANDREWS, M. D. Santa Paula, Cal.

A short time ago I was invited to see the infant son of Mr. E——, aged six weeks, who, I learned had been sick two weeks. The child had been under the treatment of regular medicine, but daily grew worse and was becoming greatly emaciated—a very promising case for the undertaker, when the parents concluded to change their medical adviser. An Eclectic was called in, and under specific medicine the funeral was averted. The wise disciple of Esculapius who first treated this case, was the same person who, according to an article in the Eclectic Medical Journal, page 451, September number, 1893, entitled, "A Profession of Faith," classes Eclectics and Homœopaths in the same category with Magnetic and Christian Science healers, Spiritualists, Fortune tellers. Witches and Evil spirits, and says, "it is degrading to regular medicine to consult with Eclectics and Homœopaths, whose relations to scientific principles grade them below the standards and requirements of regular medicine"; as though the champions of regular medicine had a monopoly or cor-

ner on medical intelligence or scientific research! Such arrogant assumption could emanate only from the brain of a fanatic or egotist. I was informed that the child was treated for kidney trouble when, in fact, it had gastro-intestinal dyspepsia, complicated with mucous dysentery, caused by the mother's milk disagreeing with it. The food remained undigested. there was constant tenesmus, pains and crying. The upper bowel was constipated, the discharges were green, slimy — stringy mucous. I prescribed as follows:

R

Lloyds specific	aconite	-	-	-	gtts i
"	"	ipecac	-	-	" v
Sulphate of	magnesia	-	-	-	ʒi
Water	-	-	-	-	ʒjv

M. Sig. One half teaspoonful every hour.

For the relief of the upper bowel I ordered teaspoonful doses of pure olive oil every two hours until the bowels were freely evacuated—if tardy in action to be supplemented with an enema of the same as occasion required. The child improved slowly from the first day. After a free evacuation of the bowels was secured, which strange to say did not take place before the fourth day. I gave it the following, which was all it had until complete convalescence was established:

R

Lloyds specific;	matricaria	-	-	gtts v
Water	-	-	-	ʒij

M. Sig. One half teaspoonful every 4 hours, alternated with

R

Lloyds tr.	Hydrastis	-	-	gtts x
"	"	Nux	-	" j
Water	-	-	-	ʒij

M. Sig. One half teaspoonful every 4 hours. When awake.

The chomomilla seemed to go directly to the spot, soothing the nervous system, allaying pain, inducing sleep. While the hydrastis toned up, and gave strength to the in-

testinal absorbants, increasing the appetite, and giving power to digest food. Thus in six days by specific medication we accomplished what regular medicine failed to do in two weeks.

"Mellin's food" was tried but would not agree with the patient. Then cows milk was called into requisition, which did all that could be desired in any case. The child had to be weaned.

I have found the pure olive oil to be the best aperient for children, given in teaspoonful doses every two to four hours, until a free evacuation of the bowels is had, then follow with the indicated remedies.

It seems very essential to free the intestinal canal of all irritating material before other remedies will act as we wish.

In a very severe case of this trouble I would resort to the injection of a mucilage made from slippery elm bark as described in an article in the August number of the E. M. Journal, page 404, on a new treatment of Typhoid Fever, by G. L. Tinker.

More About Small Pox.

By G. P. BISSELL, M. D., Cedarville, California.

In the current June number of the JOURNAL is a short speculation of mine bearing on the germ theory. I supplement it here by a further account of this visitation of small pox. This epidemic has been traced to a certain bed in a hotel in Goose Lake Valley, but no farther. In all probability some traveler who was slightly afflicted with varioloid occupied that bed and thus started the disease in Modoc county, for we must not assume its spontaneous development unless on overwhelming evidence.

As a member of the Board of Health for this county I have seen in all, fourteen cases in ten different families. The

disease was first recognized as variola in this town. Cedarville is in the Surprise valley, which lies in the extreme northeastern corner of the state, adjoining Oregon on the north and Nevada on the east. To the west of this valley runs the Sierra Nevada range of mountains, which cuts us off from the rest of the county lying to the westward. For a little more perfect geographical description, I add that still westward of the Nevadas begin the Cascades of Oregon, the ranges are parallel, running nearly north and south. Between the ranges lies Goose Lake valley, of which more anon.

I said that the disease was first recognized in its true nature here, and great credit is due my competitor, Dr. Gibson, who is a young man, for his early recognition of it. We have had in all five cases with no deaths. So far as Surprise valley is concerned the disease is subdued, but it is not so elsewhere. The first two cases occurred in Goose Lake valley, at Willow Ranch, both in adults, but the disease was pronounced to be chicken pox and given every chance to spread, and spread it did.

As member of the Board of Health, it became my duty to visit thirteen cases among nine families to pronounce authoritatively on the nature of the disease, and was told of many more cases in Modoc County, while just across the line, in Lake County, Oregon, rumor said there were sixteen or more cases of alleged chicken pox. I understand that since then two or three cases have been recognized there as being small pox. Rather a late recognition.

So far as I am apprized there has been but one death—one of the two first cases, while it was yet called chicken pox. I saw four cases in the confluent form, one of which I understand has destroyed the patient's eyesight.

Now I want to briefly discuss the merits and demerits of vaccination from my own point of view, premising that in my observations each epidemic of infectious disease is characterized by its own especial mildness or virulence. This that I have been describing is rather mild in its character.

In every case that I have seen, they who had been vaccinated took the disease mildly, none being dangerously ill, really not so sick as many have been lately from vaccination from points charged with cow virus. On the other hand, one little girl who had not been vaccinated took the genuine disease and was so little discommoded by it that she would not be persuaded that she was sick nor be restrained from her usual amusements.

Vaccination is the fashion and though it does not give immunity from the disease, yet does an immensity of good by rendering it lighter; so much lighter that life is rarely endangered, and vision, perhaps never. This, one who has become blind from the disease would consider an inestimable boon. But by the prophylactic of vaccination the susceptibility to the disease is never eradicated, nor the disease thoroughly stamped out; it is only arrested and is arrested quicker than by any other known process, yet if the disease again make its appearance, the whole work of crushing it out has to be gone over again.

Against this, set the benefits of inoculation and judge under which practice communities would be safest. Absolute isolation is needed in either case. Inoculation outruns the contamination taken in the usual way as much as vaccination does. Inoculation confers absolute immunity forever thereafter. Small pox by inoculation is little if any more severe than variolo d. The patient who has been inoculated is so much more under control than the one who has varioloid, as the difference between certainty and uncertainty makes. Inoculation if applied to all in a community gives absolute immunity save as to new comers. Vaccination leaves that community forever exposed; but vaccination is fashionable while inoculation is unfashionable. This sums up the comparative benefits of the two methods.

But against vaccination it is alleged by some that thereby alien diseases are introduced into the system. For my own part I do not believe it, when fresh vaccine virus is employ-

ed. But who is to decide whether it is pure and fresh until it has been tried? If long kept it has gone through changes which may make it poisonous in more ways than one. Which is the greater risk?

Our Brotherhood.

BY DR. L. S. DOWNS, Galveston, Texas.

From the advent of man to the closing of this, our enlightened nineteenth century, it has been the history of every profession, creed or calling to have dissenters and heretics. Religion, politics and medicine, of today, is the concentrated and refined product of all ages of original thought, liberal investigations and antagonisms. Without dissention, persecution and death, there would have been no Reformation; and indulgences would be a commercial product today as in the sixteenth century. But for great and good statesmen, governments yet despotic, would rule with iron hand; and had it not been for true and fearless men, who dared to raise their voices and wield their pens against heroic and depleting therapeutics, polypharmacy and toxic medicines, our system of the healing art would still be the curse of mortal man. Thanks to the fathers of Eclecticism, day by day there is a perceptible widening and deepening of the channel of liberal medicine.

As the different currents flow side by side over the broad field of scientific and therapeutical research there is a converging tendency that soon or late will make them one grand flowing river of rational and reformed medicine.

The time-honored and superannuated code will soon sleep with its fathers, and physicians of all schools, like honorable men in other professions and other business relations, can take their brothers by the hand and wish them God speed, in the relief of suffering humanity.

Should sectarianism make a man any less a gentleman?

Can we not advocate different principals and still be honorable men and scholars? Has not the time fully come when all differences should be laid aside and each school of medicine take its respective position with mankind, and each be granted the privileges they justly deserve?

We are all brothers of one common father and motherhood. "Our country is your country, your people are our people and our God your God." Our fraternal relations are identical. We are Masons, Odd Fellows, K. P's. and our social and moral proclivities are similar. Our curriculum, our schools, our patrons are similar and equal, our medicines are all extracted from the same root or herb or dipped from the same spring, and prescribed in a similar manner for the same morbid condition.

The great barrier that lies between the schools of medicine today is prejudice. There is no vital principal involved. The healing influence of time and liberalism has crumbled away the crags and peaks of dogmas and isms, and the valleys have been filled; and thousands of good and wise men in all schools can and do meet in the field of action, in the broad and neutral field, principles of Eclecticism. How ennobling for brothers to dwell in union together; repudiating the differences, the jealousies and animosities that canker and withers the bone and muscle of our noble profession. Let reform be our watch word, liberty our motto, and the golden rule our code.

Antisepsis.

By DR. H. E. PASTOR, San Francisco.

When disease or death overtakes an animal or vegetable organism it evinces a tendency to putrefaction or disintegration, which, if not arrested, ends in the destruction of the organism, and the conversion of its material into simpler

and entirely different forms of matter. Regarding the nature of the changes involved in the process called putrefaction two theories have been advanced—the chemical and the microbic. According to the first, the putrefactive process is a purely chemical transformation, resulting from a rearrangement of the constituent atoms, though it is asserted that the minute organisms called microbes are evolved during the change. According to the second (or germ) theory, putrefactive changes are due primarily to the action of living organisms, microscopically minute, which are nearly always and everywhere present in the air, and which find a congenial lodgment in the substance of dead or dying organic tissues. In short, one theory holds that microbes are a product of decomposition, the other that decomposition is a product of microbic activity. The latter is the theory of putrefaction now generally accepted by medical men. It is based principally upon the results of experiments made by Pasteur, the French bacteriologist, and was adopted by Prof. Lister of Edinburgh, the founder of modern antiseptic surgery.

Since Lister first conceived the idea of applying the germ theory of putrefaction to the dressing of wounds by employing means to prevent the access of noxious germs to wounded surfaces, aseptic (prophylactic) and antiseptic (curative) precautions have been deemed indispensable in surgical operations involving the exposure of subcutaneous and submucous tissues.

Equal attention has not been given, however, to the antiseptic method of treating internal affections well known to be microbic in character, such as diphtheria, typhoid and other fevers, erysipelas, mumps, cholera, among the acute; and tuberculosis, leprosy, syphilis, etc., among the chronic diseases. True, the microbic nature of some of these diseases has been but recently ascertained, and even where ascertained the specific microbe has not in all cases been isolated; but even when the microbic character of a

lesion is well established there is a prevalent tendency to rely upon old and empirical rather than upon the new and scientific methods of treatment.

It is also true that several of the specifics recently placed on a scientific footing have long been used empirically. Mercury is now known to be a specific for the microbe of syphilis, quinine for the microbe of malaria, creasote for the bacillus tuberculosis of consumption, iodoform for the microbe of suppuration, and there is reason for believing that acute rheumatism is a microbic disease for which salicylate of soda is the specifically indicated remedy. But even where the specific remedy is not known the physician is not powerless. Pathogenic microbes are all more or less susceptible to the action of antiseptic medicaments, and a "shotgun" prescription of antiseptic remedies will often meet the case satisfactorily where the specific remedy has not been determined.

A few general principles seem to indicate, in a measure, the germicidal power of antiseptic medicaments. For instance, experience has clearly demonstrated that antiseptics derived from the inorganic world are more powerful than those obtained from the organic, and that of inorganic substances the rarer metals, as gold, silver, platinum and mercury, possess the property of antiseptics in a higher degree than the common metals—these latter, as copper, iron, and zinc, occupying the second rank.

The antiseptic efficacy of the metalloids—chlorine, iodine, bromine, oxygen, sulphur, arsenic, antimony, borax, etc., seems to depend on the greater or less affinity these bodies possess for hydrogen—the greater such affinity the more strongly antiseptic the resulting compound.

The antiseptic power of salts is said to be "in inverse ratio to their abundance in nature, particularly in the tissues of living beings," the salts of potassium, sodium and iron (more abundant and found normally in animal tissues) being less powerful than the salts of silver, gold and mer-

cury (less abundant and not found normally in animal tissues).

Acids are strongly antiseptic, bases feebly so.

Oxygen, while too exhilarating a gas to use in pure form, possesses important antiseptic properties when modified by combination in loose form, ozone (O_3), peroxide of hydrogen (H_2O_2), chlorate of potash ($KClO_3$), permanganate of potash (K_2MnO_4) and bichromate of potash ($K_2Cr_2O_7$) are all in some degree antiseptic owing to the large amount of oxygen present.

A point of practical value worth noting is that a combination of antiseptic remedies yields a product more antiseptic *but no more toxic* than any one of the ingredients taken separately. This applies to derivatives from both the organic and inorganic kingdoms.

Many of the antiseptics derived from the organic world are known by fanciful names only, which give no clue to their chemical composition. Brief mention of a few of the more commonly used of these may be interesting and instructive.

Iodoform.—The technical chemical name of this antiseptic standby is "iodide of methyl biniodide," having the formula CHI_3 . It contains 90 per cent. of iodine by weight, and is supposed to act by becoming decomposed when brought in contact with the tissues of the body, setting iodine free in the nascent state, and combining with the sodium and potassium salts of the tissues to form the iodides of sodium and potassium. It is alleged to favor the activity of the leucocytes and repress the activity of the pus microbes. Its disagreeable odor may be masked by associating ground coffee one part with iodoform two parts, or camphor one to iodoform five.

Aristol is "thymol biniodide," the formula of thymol being $C_{10}H_{14}O$. It belongs to the *aromatic* series of hydrocarbons, or derivatives of benzene (C_6H_6), while iodoform belongs to the *fatty* series of hydrocarbons, or derivatives of

methane—marsh gas (C H_4). Aristol contains 46 per cent. of iodine, and is inodorous and not absorbed by open wounds, while iodoform is quite odorous and absorbable, having produced toxic symptoms in some cases. Aristol decomposes under solar light and should be kept in dark bottles.

Resorcin, a dioxybenzol ($\text{C}_6 \text{H}_6 \text{O}_2$), also belongs to the aromatic series. It is not poisonous administered internally, though a more powerful antiseptic than carbolic acid. It is readily soluble in water, alcohol and ether. A spray or swab of a 5 per cent. solution in water is said to be very efficacious in diphtheria.

Guaiacol, or methyl catechol ($\text{C}_7 \text{H}_8 \text{O}_2$) is one of the principal constituents of creasote. It is supposed to be the antiseptic ingredient of creasote, and is less disagreeable in odor and taste.

Salol ($\text{C}_{13} \text{H}_{10} \text{O}_3$) is the salicylate of phenyl. It has the flavor and odor of the essence of wintergreen, and is believed to act in the system by breaking up into carbolic and salicylic acids. It is a more powerful antiseptic, however, than either used separately. It is employed externally in powder form for dressing wounds, but is inferior in strength to iodoform.

Following is a table of substances employed as antiseptics, enumerated in the order of their strength, beginning with the most powerful:

Biniodide of mercury.	Picric acid.
Iodide of silver.	Ammonia.
Oxygenated water.	Zinc chloride.
Nitrate of silver.	Sulphuric acid.
Bichloride of mercury.	Nitric, muriatic and phosphoric acids.
Chromic acid.	Carbolic acid.
Chlorine.	Permanganate of potash.
Iodine.	Oxalic, tartaric and citric acids
Chloride of gold.	Boric acid.
Bichloride of platinum.	Calcium chloride.
Bromine.	Borax.
Iodoform.	Iodide of potash.
Cupric sulphate.	Salt (common).
Salicylic acid.	Glycerine.
Bichromate of potash.	

"Oppression."

Modesto, Cal., June 10th, 1894.

Editor California Medical Journal.

Dear Sir: In the last issue of your well known JOURNAL, I notice a letter from John Broadbent of Melbourne, Australia, under the heading of "Oppression." Mr. John Broadbent says in his letter, "We cannot register, we cannot assume titles, we cannot sue for fees, we cannot give death certificates." Mr. Broadbent is surely wrong in his statement. I was a resident of Melbourne many years, and know that any gentleman or lady holding an Eclectic diploma, can register and practice, provided they can show that the M.D. was issued from a legal college after *three full years of study in the said college*. Has Mr. Broadbent "a diploma issued after three full years of study?" I think not. I knew several medical gentlemen when I lived in Australia who held diplomas from Eclectic colleges of America who did register and practice, and worked up first class practices. The medical law here is, I am of the opinion, as rigid as there, and thank God for it. Let us purge our ranks of "duffers". Many so-called doctors hold M.D. degrees but that is not always a guarantee of ability. Let all candidates pass the same rigid examinations or take a back seat with the *kangaroo*.

Very respectfully,

L. LEE, M. D.

THE Remedy Par Excellence.—In the April, 1894, number of the *Universal Medical Journal*, the companion publication to the "*Annual of the Universal Medical Sciences*," a magazine covering the progress of every branch of medicine in all parts of the world, and both edited by Chas. E. Sojous, M. D., Paris, France, we find the following notice of antikamnia extracted from an article by Julian, which appeared in the *North Carolina Medical Journal*:

"The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrine, but it is not attended with depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy *par excellence*."

DESMENORRHEA, the congestive kind, with stomach ache, and excruciating headache and pain in the back, which is often seen in young girls and women with displacements, can often be relieved by Celerina and Aletris Cordial combined, in equal parts.

THE well known surgical instrument makers, Max Wocher & Son, Cincinnati, O., are offering to the profession a Compressed Air Apparatus at a price at least one-third less than usual. They claim to sell everything needed by a doctor in about the same proportion. Our readers are referred to their advertisement on another page.

Celerina should be tried in lumbar pain, frequent micturition and intestinal indigestion.

Celerina, in teaspoonful doses, two or three times a day will be found a valuable remedy in night terrors.

Bureau of Information.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary

Any advertised location in this JOURNAL that has been filled, please notify the secretary, that its publication may be withdrawn

The following locations have been sent in for publication:

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

WANTED—By a middle aged, married Physician and Surgeon a partnership in a well established practice, or would buy the whole. Must bear investigation. Address, with full particulars and lowest terms, "SURGEON," care of California Medical Journal Office, San Francisco.

FOR SALE, or rent; my home and horse. Only physician and druggist in town. Nearest doctor fifteen miles away. Good R. R. prospects. Will sell everything. Good place for the right man with some money. Address "Physician and Druggist." Bieber Lassen Co. Cal.

BEST LOCATION in the state for a physician with some money. For particulars enquire of Calif. Drug Co. 1420 Folsom St. S.F.

WANTED—A position as substitute, or assistant to a busy general practitioner, or eye and ear specialist. Would accept position in a drug store. Good references. Address: National Medical Exchange, Eckhardt, Indiana.

A good opening in Inyo county. Present physician leaving on account of ill health and advancing years. Apply to John Fearn, M. D., P. O. Box No. 1, Oakland, Cal.

Also two good locations in the country for active workers.

All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly

J. C. FARMER, M. D., Sec'y,
921 Larkin St.
San Francisco.

Locations for Eclectics.

Cincinnati, O., April 23rd, 1894

Editor, CALIFORNIA MEDICAL JOURNAL,

Dear Sir:—Pursuant to the request of Alexander Wilder M. D., Secretary of the National, I enclose you for publication, all of the locations for Eclectic Physicians, which I have received up to the 20th.

Respectfully,

J. K. SCUDDER.

A good town of 3,500 in Kentucky. A middle aged, high-potency Eclectic or low-potency Homœopath preferred. Address with stamp Jas. A. Young, M. D., Hopkinsville, Ky.

Denver, Col. Good office. Address Dr. E. M. McPheron, 2103 Larimer st.

Perin, Ill. Address A. H. Hatton.

Springfield, Neb. Address L. A. Bates.

Stafford, Conn. Address E. M. Douley, M. D., Montville, Conn.

Barry, Pike County, Ill. 2,000 inhabitants. Eclectic just died. Address with stamp, L. A. Coley, Pittsfield, Ill.

Manistique, Mich. 4,000 inhabitants; 6 churches, good schools and roads. Good opening for surgery. Address Dr. O. C. Bowen.

Hartford, Conn. Owing to the death of Dr. H. J. Wiers, there is a good opening for an active Eclectic. Address Mrs. Dr. H. J. Weirs.

Warren, Ind. 2,000 inhabitants. surrounded by a fine farming country. An Eclectic will do well here. Address Sylvanus Finkle, Warren, Ind.

Mian, Ind. Good town, fair country; 42 miles from Cincinnati. No opposition. Address George E. Parsons, M. D., Delaware, Ind.

A good location for an expert operator. Must be an Eclectic, and fully up to the most modern ideas in the treatment of the eye and ear. Address W. F. Curryer, M. D., 32 Massachusetts ave., Indianapolis, Ind.

LOCATIONS IN WASHINGTON. Address W. M. Smith, M. D., Montesano,

Olympia, capital of State; population 5,000 or 6,000.

Seattle, on Puget Sound; the largest and most flourishing town in the State.

Roquiam; on Gray's Harbor; population 800. No Eclectic.

Montesano (county seat), Chihalis Co.; population 1,000.

THE ✧CALIFORNIA✧MEDICAL✧JOURNAL✧

The Board of Examiners of the Eclectic Medical Society of California will, meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary, 412½ Post Street, San Francisco.

Miscellaneous.

College Notes.

BY LANCET.

Again we are entering upon a new month, and every day carefully conceals within its bosom the triumphs or disappointments of an untold future. Methinks 'tis well that all of life is not a triumph, for disappointment teaches us to be kind, patient and sympathetic; and, therefore, dear reader, I beg thee think kindly of me, e'en though my humble pen fails in doing justice to the meritorious subject of "College Notes."

A sweet little secret has been whispered to me—quite confidentially, of course, but I'll tell you just a little bit about it. One of our most popular young students is having a cozy little cottage erected in Alameda (so I am told), to be occupied the latter part of next November. Of course I can't vouch for the truth of such matters unless I've had the information from headquarters, so I'm going to ask Dr. Lake to *please* tell me all about it.

We are informed that Drs. Ball and Bainbridge are interested in a matrimonial agency.—All suitable correspondence through the columns of "Cupids' Echo" will be confidentially and promptly answered.

We truly appreciate the return of Prof. Webster who has



been sojourning in Ohio and other Eastern states for several months. Needless to say to those that have the pleasure of knowing him, that the Professor is a prime favorite, and we welcome his return with outstretched arms—that's figurative.

The name of Dr. Ellis, a young man of scholarly attainments, handsome, and withal a graduate of our C. M. C., has been added to the list of our honored corps of instructors—a fact we are pleased to announce. Our young men of ability should all get into the harness and do some special work for Eclecticism.

Among the recent arrivals at College are the Mrs. Crackbon, Hutchings, Lamb and Miss Bliss.

Amusing—to see a tired student taking a short sleep and pleasantly dreaming of "The Girl I Left Behind Me", and then suddenly awakening to the tune of "Johnnie Get Your Gun," while the air is alive with a volley of paper balls.

Dr. Percy L. Hamilton is looking extremely "blissful" of late. Recent associations seem to have a wonderfully magnetic influence over the dear boy. But don't you care, Percy.

One of the society events of the season will be the reception tendered by General Debility of the Sacramento valley to Mr. M. Fever, an old and well known resident of Stockton and relative of the Intermittent family. A notable feature of the occasion will be an exhibition of the muscle dance by those widely celebrated artists, Chills and Fever; and during the intermission the world renowned favorite "M'lle Quinia" will appear in her celebrated act as "Aunty Periodic." Among the invited guests are Profs. Church and Stetson of Oakland who, as the trains are all stopped by the great strike, will travel by the Hot and Cold stage line, controlled by the Pulv. Lobelia Co.

Dr. Van Meter departed June 19th for a trip to Alaska. He will be gone an indefinite length of time, partly on a pleasure trip but principally to recuperate after his truly

laborious but faithful duties as a popular physician and professor of the California Medical College. The Doctor, who is an educator of enviable ability, is deservedly popular among the students, and although his absence is deeply regretted, yet we hope that his trip will be fraught with much enjoyment and benefit, and that we may soon look for his return. The students all assembled at the wharf to bid a fond adieu to the dear Doctor ere he sailed the briny deep, and as a token of esteem from the senior class, he was presented with a field glass, and from the junior class, a silver cup.

On Monday, June 18, '94, the rising of the sun in the horizon marked the closing of the life of a truly noble woman, the beloved mother of our estimable Prof. Chas. N. Miller. Her sweet spirit has found at last its haven of eternal rest. To her grief-stricken relatives and friends, we extend the hope that in their great bereavement they may find comfort and consolation from Him who hath called the dear one home.

"THAT RECEPTION."

Statistics and descriptions cannot do justice to the elegant reception which took place as announced in the last issue of the JOURNAL. The following notes, however, kindly furnished me by *Le Scalpel*, will be sufficient to create an appetite for more, and we trust that the wives and lady friends of our Eclectic physicians will see to it that from time to time more shall be forth coming:

On the evening of June 13th, a pleasant gathering of the Faculty, Alumni, students and friends of the California Medical College met in College Hall to welcome the members of the State Eclectic Society who were in attendance at the summer session. The reception was a pronounced success and the committee of arrangements are to be congratulated for the enjoyability of the evening's festivity.

The hall had been gaily adorned for the occasion, and

under the magic of flowers and flags in the skillful hands of Drs. Luella Stone and Dora Hamilton, whatever lurking suspicion there might have been of bones and anatomical lore was completely dispelled.

The program was a happy succession of songs, speeches, dancing and feasting. The first number, as announced by Professor Miller, was a song, "To the Bravest," by the College Quartette, Drs. Pervis, Hicks, Love and Walsh. It was received with hearty applause and in response to the encore "Thou Art My Own Love" was rendered.

Then Professor Maclean, in his own inimitable style, spoke for the "California Medical College." He briefly reviewed its history from the inception, called attention to its present status and prosperity, announced that next year a four year course would be inaugurated, and advocated a radical reform in the present methods of medical teaching. His plan was that during the first year the teaching should be by recitation, during the second year by didactic lectures, the third year teaching should be by clinical demonstrations, and the last year devoted to special work.

As soon as the applause had ceased our friend Dr. (Jack) Pervis favored the audience with a skillful rendering of "Traumerei" on the violin. Professor Maclean then announced that Professor Miller would speak in behalf of the "JOURNAL." Prefacing with "the JOURNAL speaks for itself," the Doctor, in his humorous way, called attention to the steady growth of the JOURNAL during the past year in spite of the hard times, to its present prosperity and financial stability. The audience showed its appreciation with hearty applause.

Miss Maclean was then announced for a piano solo. The piece was skillfully executed and received with enthusiastic applause. The last speaker was our eloquent Professor Hamilton. His theme was "The Future of Eclectism." It is needless to say that he did justice both to the subject and to himself. The point made was that any reform to be

lasting must have a *permanent* reason for existing. "So long as Allopathy sticks to its big doses and ultra conservatism, and Homoeopathy to its little pills and high potencies, so long will Eclectism have a permanent reason for its existence."

The literary part of the program was concluded by another song from the quartette entitled "The Soldiers' Farewell." The chairs were then moved to one side and the orchestra struck up a waltz, in which even the old Drs. could not refrain from participating. The festivity concluded with refreshments, and it was voted by all that the reception was a "big success."

Medical Societies.

Oakland, Cal., May 29th, 1894.

The Alameda Co. Eclectic Medical Association met in the rooms of the society, 1065 Washington St.

Roll call showed present Drs. Campbell, Church, Derrick, Stetson, Stone, Turner and Van Kirk.

Minutes of the previous meeting were read and approved.

An invitation was received from the San Francisco Eclectic Society inviting the Alameda Co. Society to meet with them the first Monday eve. in June. A motion was made and carried that the Alameda Co. Society accept the invitation and report in a body at the rooms of the San Francisco Eclectic Medical Association, 227 Geary St., Monday eve, June 4th.

An interesting and well prepared paper was then read by Dr. Campbell, subject, Faradism. After which there was a general discussion on the subject of electricity.

Dr. Fearn was appointed essayist for the next meeting with Dr. Farrar alternate. On motion the meeting was adjourned.

L. STONE, Sec'y.

June 12th, 1894.

The Alameda Co. Eclectic Medical Association met at the

Cal Med. College, 1422 Folsom St., and was called to order by Dr. Fearn acting as president, Dr. Church not being present.

Roll call. Those present were Drs. Fearn, Webster, Mehrmann, Stetson, Sharp, Stone.

The reading of the minutes was omitted.

A motion was made and carried to adjourn for two weeks on account of the State Medical Society meeting occurring at the same date.

Meeting adjourned till June 26th.

L. STONE, Sec'y.

TRIONAL IN NEURASTHENIA.—Insomnia is one of the most frequent as well as most important symptoms which the practitioner is called upon to relieve in the treatment of neurasthenia. Unless the obstinate wakefulness which characterizes these cases is removed little can be hoped for from other therapeutic measures, and yet our list of hypnotics in this affection is not a large one. Morphine is generally contraindicated for a number of reasons. It is apt to disturb the digestion and by increasing the constipation from which these patients ordinarily suffer prevents elimination of those poisonous substances—ptomaines and leucomanines—which pass from the system by way of the bowels. Aside from this neurasthenics readily fall victims to the morphine habit, or as Dr. Mattison more properly calls it the morphine disease. Chloral is a dangerous sleep-producer, as was evidenced but recently by the sad death of the great English Scientist, Professor Tyndall. Bromides

are not trustworthy; they occasionally succeed, but more often fail in producing sleep. The ideal hypnotic in neurasthenia must possess the combined qualities of safety, efficiency, promptness of action, ease of administration, and freedom from unpleasant after-effects. According to the observations of a large number of practitioners and neurologists Trional is the remedy *par excellence* in conditions of sleeplessness, and in an interesting and able article on "Neurasthenic from the Stand Point of the General Practitioner" Dr. I. N. Love (*Medical Mirror*) adds the weight of his testimony in the following words; "As a sleep-producer, I believe that Trional in ten, twenty or thirty grain doses is the best remedy we have at hand. No exaltation, no depression and no bad effects, follow its use. I observe in a recent number of one of my exchanges a very pronounced tribute to this remedy by Dr. J. B. Mattison of Brooklyn N. Y. a high authority. His experience is entirely in harmony with my own."

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Springer N. M.,

Dec. 11 '93.

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THE ❖CALIFORNIA❖MEDICAL❖JOURNAL❖

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D. WACLEAN, M. D., M. E. VAN METER, M. D., G. N. MILLER, M. D.,

EDITORS.

Terms: \$1.50 per annum, In Advance.

The Editors disclaim any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery--time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the CALIFORNIA MEDICAL JOURNAL, 1422 Folsom Street, San Francisco, California.

Editorial.

Our Journal.

The world is filling up with doctors. The cities are full of them, the towns are full of them, and if the colleges keep on grinding them out, the woods will soon be full of them. A single college in Pennsylvania has in actual attendance eight hundred and one medical students. Ours is a popular profession, but its danger is that soon medical treatment will be furnished at—popular prices.

It is now a case of the survival of the fittest. There used to be room at the top, but even *there* elbow room is now at a premium. In the struggle for existence, knowledge and skill is of the greatest assistance. This is why we urge all of our Eclectic physicians of the Coast to stand by our JOURNAL. It can help its readers to become better physicians and surgeons. It must be to you a continued post graduate course. While we wish it were better, we can all receive consolation from Touchstone's philosophy—"A poor thing but *mine own*."

With diligence and perseverance our JOURNAL can be made what we wish it to be, an indispensable assistant. It is a law of nature that momentum can only be imparted by pushing. Let us have a little more push, and a determination to keep pushing until our JOURNAL becomes an epitome of all that is brightest, most reliable and best of the medical learning of the day. M.

Medical politics.

The political pot will soon boil. Republicans, Democrats and Populists will soon be seeking our votes. We as Eclectic physicians have not been properly represented in the division of patronage. Now is our time to assert our rights. We should be missionaries in the field, and like the late lamented (?) Mr. Gould conform our politics to our interests. We should support a candidate for governor that will recognize us, and no other. Will Mr. Estee do it? Will Mr. Webster do it? Or will the Democratic candidate (whoever he may be) do it? This is the question for us to consider.

It is the question to which we must come to a decision before November.

Let us be active in the different fields according to our convictions, in the primaries and nominating conventions, and vote at the general election for the man who will do us justice.

We regret to be under the necessity of calling attention to this matter, but it has been forced upon us by the dominant school. Science should know no school but truth. Intelligence is a jewel that should be recognized without a card. Bigots are masquerading in the guise of learning, who see but the shadow of truth.

Let us not forget our duty. We must look to our own interests and our own rights. Not vote early and often, but talk, teach and persuade until all shall vote our way. MAC.

Personal.

Professor Van Meter, we regret to announce, has been compelled by failing health to rest from his business cares. For that reason our readers will miss, in the present number of the JOURNAL, the usual editorial notes from his pen. The Professor will sojourn for a time in Alaska, and if health will permit, will favor our readers with some entertaining facts about that almost unknown land.

DR. N. W. WILLIAMS, class of 1884, of Traver made the JOURNAL a pleasant call a short time ago. The Dr. looks

fat and saucy, with every evidence of prosperity. He is a success both medically and financially. Call again.

THE JOURNAL extends its sympathy to Dr. C. W. House, recently bereaved. The Doctor expects to locate at Salt Lake City and join the forces of the aggressive Eclectics of Utah.

FRANK BURLEIGH, M.D., class of '89, was recently in town and called at our office. He expects to locate at Nevada City. Other familiar faces which have recently put in an appearance are F. Huckins, M.D., class of '93, from Danville, and Frank Mitchell, M.D., class of '85, of Reading.

Dr. J. C. Stoutt, of San Jose, recently honored the JOURNAL office by a call. The Doctor is one of the pillars of Eclecticism on this Coast, and we are glad to report that he is "sleek and well to do."

Dr. J. W. Rue of Saticoy, has been to this city doing the Fair and taking a needed vacation. The Doctor reports that business is flourishing at his post.



BOOK NOTES.

THE DISPENSATORY OF THE UNITED STATES OF AMERICA. It affords us great pleasure to announce to the medical fraternity, the publication of the seventeenth edition of the U. S. Dispensatory. It has been thoroughly revised and largely rewritten, and embraces an "extraordinary outcrop of new remedies"—new to the Allopathic profession. The most important innovation is the incorporation of the metric system in this edition. This is a step in the right direction, and will be hailed with satisfaction by all progressive scientists. For the convenience, however, of pharmacists and others, the corresponding equivalent in the ordinary weight or measure is placed after each metric quantity.

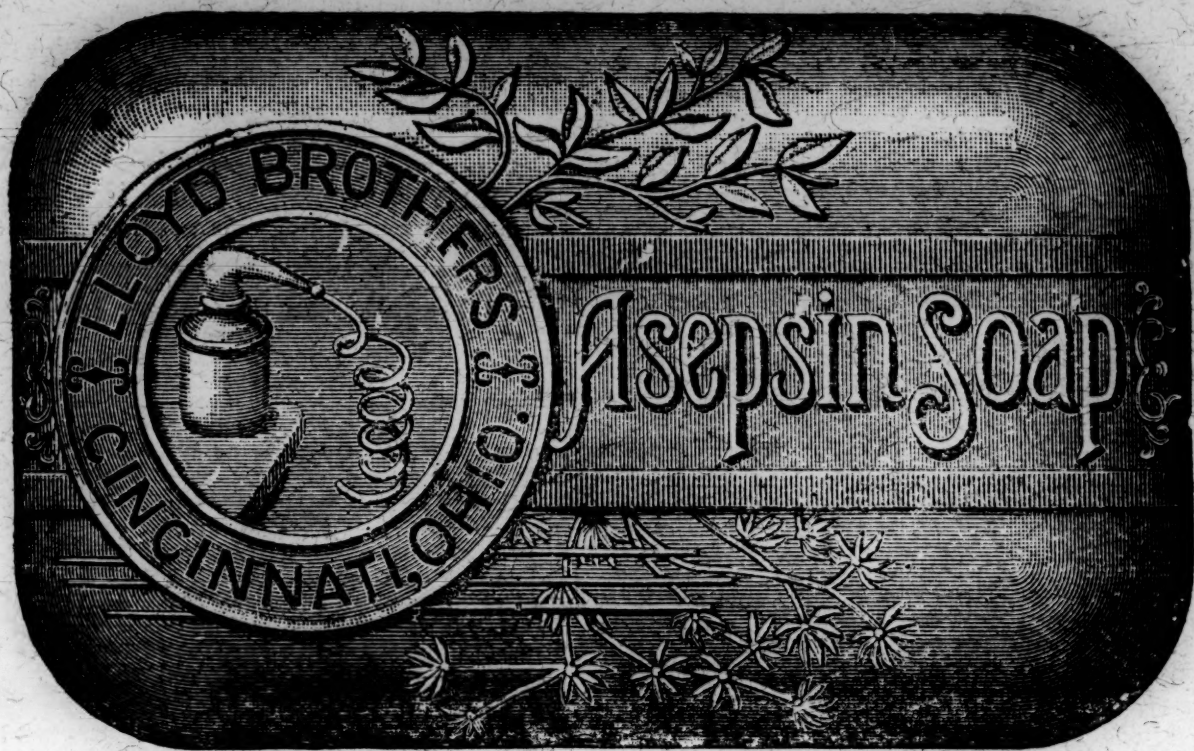
We heartily recommend this edition to both pharmacist and physician. It contains so much additional matter over the last that it will not pay to be without it. Publishers: J. B. Lippincott Co., Philadelphia.

THE BEE LINE REPERTORY, BY STACY JONES, M.D. This little Repertory of Homœopathic practice is full of valuable hints and will prove a boon to the practitioner. Price, with flexible leather binding, \$1.00; by mail, \$1.00. publishers: Boericke & Tafel, Phil.

TREATMENT OF TYPHOID FEVER, BY D. D. STEWART, M.D. This is one of the Physicians' Leisure Library

Series. It contains the prophylaxis, general management, specific and antiseptic treatment; also the treatment of special symptoms and complications in typhoid fever. Price, 25c; subscribers price, \$2.50 a year. Publisher: Geo. S. Davis, Detroit, Mich.

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Sir.”

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